## HAWAII CONGRESS ON SMALL BUSINESS \*\*\*\*\* REGISTRATION FORM

Name				Business			
Street			_ (	City	Zip		
Phone	Fa			E-mail			
\$35.00 per registrant, inclu-	des coffe	ee, lunch &	materials.		Lunch Veg	etarian?	Yes / No
Check/MasterCard/Visa	*	CC#				_ exp	
Please indicate three issue areas							
-Capital Formation -Labor/Insurance	-Economic Development & International Trade				-Taxation -Privatization -Procurement		
		Fax: (808)	544-6659				
		Mail	to:				
		Jason T. C					
	VI	P Community	-	ent			
	2	Bank of Am 01 Merchant		nn			
		Honolulu, Ha	*				
For Addition	onal Infor	mation Call:	(808) 956-	6286	/ (808) 544-34	31	
Please make chec	ks payab	ole to: Hawai	i Congress	on S	mall Business	(HCSB)	